

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-014201

FILED VS. APR 25 1960 38

Registration District No. Primary Registration District No. 3006 Registrar's No. 236

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Boone				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		Length of stay in 1b 8 Hrs.		c. CITY OR TOWN Columbia		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Boone County Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 19 W. Broadway		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Julia Middle P. Last Sapp				4. DATE OF DEATH Month 4 Day 18 Year 60				
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH Sent. 2/80	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and state or country) Ashland, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Sam Moses Myers			13b. MOTHER'S MAIDEN NAME Alice Wilson		14. NAME OF HUSBAND OR WIFE G. B. Sapp (dec.)			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. -----		17. INFORMANT Mrs. Blanche McCall Columbia, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH		
IMMEDIATE CAUSE (a) Peritonitis						12 hrs		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) gangrenous large & small intestines				2 1/2 hrs		
DUE TO (c) infectious thrombosis						3 hrs		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)						
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from 7:45 AM 18 April 60 to 1:40 AM 18 April 60 and last saw her alive on 1:40 AM 18 April 60 . Death occurred at 1:45 AM 18 April 60 on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Margaret Palmer</i> (Degree or title)				22b. ADDRESS 401 GUITA A BLDG COLUMBIA MO 64801		22c. DATE SIGNED 4/18/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/20/1960	23c. NAME OF CEMETERY OR CREMATORY Columbia Cemetery Columbia, Missouri		23d. LOCATION (City, town, or county) (State) Columbia, Missouri				
24. FUNERAL DIRECTOR Lyman Sprinkle Columbia, Mo.				25. DATE RECD. BY LOCAL REG. April 18, 1960		26. REGISTRAR'S SIGNATURE Mrs R E Palmer		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0802 9 8 700 SA

MAR 21 1961

JUN 20 1961

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed George D. Vroman

Licensed Embalmer No. 4425

P. O. Address Columbus

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.